

# Public Health in an Urban Area in 1966

JOHN R. PHILP, M.D., M.P.H.

NEW YORK CITY is so different from most areas of the United States that it is sometimes easy to forget the similarities. Most of New York City's health problems also exist elsewhere, but here their intensity is magnified. Diseases which the rural or small town physician may encounter once or twice in a lifetime occur frequently in New York.

The city's population is nearly twice the size of Chicago and four times as large as Philadelphia. Almost half the residents of New York State live in the city; the greater metropolitan area, extending into other States, includes at least 10 percent of the people in the United States.

New York City displays, in one form or another, all the advantages and disadvantages of urban living. Problems that have bothered city dwellers for years are just beginning to affect overcrowded metropolitan areas elsewhere.

Living in New York City would be impossible without vigorous public health activity, which dates back 300 years when an ordinance was passed prohibiting garbage and refuse disposal in the streets. The record of problems of growth over three centuries encompasses man's attempts at being both urban and healthy.

The city, accustomed to the pace of a leader, is very much in the public eye as the nerve center of the nation's communications media. Successes, mistakes, and failures receive national attention. If, for instance, New York City seeks to control the pigeon population, a farmer in Iowa may hear of it the same night through radio or television.

At one time most public health work in New York was done by inspectors under the police

department. The city's first two centuries were plagued with epidemics; the New York City Board of Health was initially set up 100 years ago, primarily as an effort to avert an approaching cholera epidemic. Among prevalent diseases of that time were cholera, typhoid fever, tuberculosis, smallpox, typhus, diphtheria, and yellow fever.

Then, most health problems such as epidemics resulted from natural causes, but the human behavior factor in health became increasingly evident. Venereal disease was prevalent 100 years ago, and a study blamed prostitution as the chief cause. Today the spread of venereal diseases can generally be attributed to human behavior, particularly among teenagers. Even in the early days abortion was a problem, and today it is the cause of almost half the maternal deaths in New York City each year.

In 1867 the board of health set up ladders, ropes, and other equipment along the waterfront to prevent drownings. Today swimming is forbidden at some of these points because man has polluted the water.

The death rate, an inadequate index of the city's health, declined through the last half of the 19th century and the first quarter of the 20th century. Since the early 1920's it has averaged 11 per 100,000, declining to a low of 9.9 in 1941. This leveling off can be observed in many highly developed nations.

Since 1901 life-expectancy projections have been extended about 20 years. However, it is difficult to compare proportionately the numbers of sick and handicapped persons today

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*Dr. Philp is acting commissioner of health of New York City.*

with those in 1866. We do know that with an aging population, chronic disease is a way of life for a growing number of people.

At present, the growth of the city's population, if increasing at all, is slight. The total population figure, temporarily steady, conceals the movement outward from the city's old center. Sometimes people move to suburbs beyond city limits, but often they move only to the edge of the city. There is movement into the city by low-income groups, minority groups, the poor, and the elderly.

The percentage of the city's population over age 65 is higher than that for the national population (estimated 1964-65 percentages are 11.0 for the city, 9.3 for the nation). Large urban areas like New York, Boston, Philadelphia, San Francisco, and Los Angeles tend to become havens for older people. New York City will have 1 million residents age 65 and older by 1970. Meeting their medical needs will be a major undertaking.

City problems do not end with the city line. For example, the New York City Department of Health tries to meet the health needs of many older people coming into the city. As young, vigorous, and productive workers, these people paid taxes in the suburbs or elsewhere. With age and less productivity, they come to the city and require more services. The city then serves as a free resource to other areas of the country.

As a center for research and medical ferment, the city is a source of ideas which influence the nation and the world. A physician may practice in the country, but most likely the concepts and ideas he applies were formulated in the city.

The varied activities of New York City's health department can be divided into five categories.

*Comprehensive medical care.* The glaring problem in urban areas concerns numerous patients who do not get the best care we know how to give. These people need first-rate care not only for their health but because the department cannot afford the expense of the total institutional care some may need later if they do not initially receive maintenance care.

For various reasons people do not always receive adequate care. Sometimes clinics are not open when patients can visit them. Some-

times patients are too old to get to four or five clinics via available transportation. Sometimes a mother cannot get to a clinic because she has no one with whom to leave her children. Sometimes people do not want care because their cultural background is opposed to it. Often we do not know why people fail to get adequate care. We do know that their reasons are frequently trivial. But trivialities that prevent women from being examined for cancer of the cervix are indeed serious.

This issue of *Public Health Reports* describes efforts the department is making toward comprehensive care. By this we mean all the care the patient needs when he needs it. Our work includes pilot projects to extend the effectiveness of hospitals in a community before and after illness occurs. In some instances staff of voluntary hospitals supervise medical service projects of municipal hospitals—projects in surgery, home care, and school health programs. The typical organization of medical care overlooks many people. Unless the department builds an entirely new establishment from the



New York City Department of Health

**The health department made free oral poliomyelitis vaccine available to the public**

ground up, which appears impractical, the hospital, changed and improved, must be the center for future comprehensive care—despite shortcomings of the hospital as it exists today.

The problem is to bring people and care into contact, such as in venereal disease detection programs. Sometimes it becomes necessary to bring care to the patient's home whether he can pay for it or not. Sometimes patients can be motivated to come to existing facilities. Sometimes a new facility is established closer to patients. Then those who may have found it impractical to go across town will come to the new facility.

*Research.* The department is trying to learn more, so that more can be accomplished. New

York City's health authority is unique in that nearly one-fifth of the health budget is spent on research. Approximately \$1 per citizen per year is invested in research by the Health Research Council of New York City. In addition, there are the Public Health Research Institute and the Medical and Health Research Association of New York City. Much research is done within the department, primarily in the bureau of laboratories. Anti-coronary club research is conducted by the bureau of nutrition.

The department supports laboratory and clinical research on problems peculiar to the city; for example, the chemical basis of narcotics addiction and studies in organization and motivation. Many pilot projects in the de-



*New York City Department of Health*

**About one-third of all children born in New York City are seen in the department's 90 child health stations**



*New York City Department of Health*

**Parades and street rallies are approaches used in poorer neighborhoods to inform the public about environmental sanitation**

livery of medical care are essentially research, although today they serve directly only a small percentage of the people. Antismoking clinics assail lung cancer, but the department also is investigating how to motivate people to change long-established habits.

*Old problems.* The department conducts programs to prevent venereal disease and tuberculosis. Both are old problems which have snapped back into importance in recent years.

Sometimes it is harder to break with tradition than to formulate new programs. The department has finally stopped requiring that silver nitrate be put in the eyes of newborn infants. Despite better methods of handling this problem now, attachment to the comfortable old solution remains great. Will we be able to reduce some present efforts in rabies control since the need for it has declined? This remains to be seen.

Although the department for many years has been concerned with controlling the use of drugs, the thalidomide episode prompted it to renew interest in clinical trials, once conducted

in the city without the department's knowledge. The department has worked for pure food in stores and restaurants. Frozen foods now present new aspects of the food sanitation problem.

*Man-created problems.* The department is concerned with such problems as motor vehicle accidents, fallout, and water and air pollution. Many of the future health challenges will be either those created by man, such as water pollution, or those created by nature but worsened by man, such as lung cancer, a rare disease before cigarettes became popular.

*Cooperative planning.* The department attempts to coordinate various efforts toward improving public health. The department may have a single project involving city, State, and Federal agencies, voluntary groups, and organizations not primarily health oriented. Work with older people, for example, requires cooperation with housing executives. One cannot attack the health problems of old age without becoming involved with those supervising residences of older persons.

Many of the department's problems extend

beyond traditional confines of medicine. For instance, major health problems are greater in impoverished areas than in the more comfortable districts. Medicine can be used to improve the health of people in poor districts only to the limit allowed by poverty. Physicians and public health workers cannot solve health problems, such as tuberculosis, unless society itself changes.

The department attempts to act as a catalyst, as an organizer, bringing together different groups in society to work with persons from all walks of life—from engineers to tobacco advertising executives, from housing developers to social workers.

The New York City Department of Health employs more than 6,000 persons, a staff more typical of State health departments where plans for local health departments are generally made. We make our own plans. Although the State of New York has a health code, New York City has its own health code and its own experts in everything from mycology to the study of tidal flow in the harbor as it affects water pollution.

The department supervises and regulates health aspects of a milkshed stretching into several States. While lacking legal authority outside the city, the department has achieved interstate cooperation because of its responsibility to the millions of milk consumers in the city.

The population represented by the department is large enough to influence Federal legislation. Often it is more practical for the de-

partment to promote a piece of legislation in Washington than to put it through on a State or local basis.

The department's programs and pilot projects frequently break with tradition. Together with the department of hospitals, the department can draw up a contract by which a first-rate voluntary hospital will assume responsibilities for staffing and directing a municipal hospital and supplying a total spectrum of care. The department evaluates as it proceeds, and new programs are strengthened wherever possible.

What will be the ultimate result of such contracts? How will transfer of financial support from voluntary donations to municipal support affect the voluntary hospital? Will there be the same motivations toward quality? Can we maintain the interest of private citizens in the hospital when a growing percentage of the hospital's budget comes from tax funds? There is evidence that municipal hospitals, theoretically supported entirely by government, can achieve their own voluntary supporters and contributors.

In dozens of projects the department is trying to rebuild the medical system around the patient—to plan cooperatively health facilities which will most effectively meet the needs and demands of patients living in urban areas. It is this aspect of public health planning and development which promises to be the center of activity among public health workers in the coming decades.

## Unique Film on Cigarette Smoking

"Point of View," the National Tuberculosis Association's recent film production on cigarette smoking, offers an unorthodox, satirical approach to the cigarette as a ridiculous, deadly product.

Shaped in a series of vignettes, the 20-minute film moves from the imaginative examination of cigarette smokers as seen from the vantage point of another planet to a closeup examination of the making of a cigarette commercial. The lampooning details the negative effects of smoking.

Originally intended primarily for teenagers, the film has been successful with audiences of all age groups. It is available in 16 mm. and 35 mm. through local tuberculosis associations.